

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-005859

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES
OH-2 OH-3 OH-1P OTHER

R.C.I.C. # *
05009

REPORTING AGENCY *
Youngstown Police Dept.

UNITS
02

UNIT ERROR
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
01302009

TITLE OF CRASH
1743 DAY OF WEEK Fri CITY * X VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * Youngstown COUNTY * 50 LATITUDE LONGITUDE

CRASH OCCURRED ON
PREF# CRASH LOCATION Oakwood Ave TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

REFERENCE
UNIT REFERENCE LN REF# REFERENCE REF POINT 02 REFERENCE POINT USED 01 STATE LINE 05 TOWNSHIP BOUNDARY 02 INTERSECTION 2 STREETS 06 MILE POST 03 COUNTY LINE 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 02 Hernandez, Pascual G.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
115 N. Brockway Youngstown, Ohio 44509

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
04 20 19 62 46 M 330-792-4295

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH SD 427771 OH DPK 4511

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Same Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2002 Ford F-150 Grey State Farm

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CRASH #
331.10 B Disobeyed rules for left turns I 24824 X

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02 04 Liller, Jeffrey T.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
135 Millet Youngstown, Ohio 44509

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
04 03 19 72 36 M 330-774-2410 330-792-7100

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH RV 034073 OH RS 46834

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Same Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2003 Chevy TrailBlazer White Eric Ins.

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CRASH #

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 02 Liller, Hanna A. 330-774-2410 09 27 2003 05 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
135 Millet Youngstown, Ohio 44509

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Same Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CRASH #

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 02 Liller, Lacie 330-774-2410 06 20 2005 03 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
135 Millet Youngstown, Ohio 44509

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Same Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CRASH #

Motorist/Non-Motorist

Occupant

- SEATING POSITION
- 01 FRONT - LEFT (MC DRIVER)
 - 02 FRONT - MIDDLE
 - 03 FRONT - RIGHT
 - 04 SECOND - LEFT (MC PASS)
 - 05 SECOND - MIDDLE
 - 06 SECOND - RIGHT
 - 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)
 - 08 THIRD - MIDDLE
 - 09 THIRD - RIGHT
 - 10 SLEEPER SECTION OF CAB
 - 11 ENCLOSED CARGO AREA
 - 12 UNENCLOSED CARGO AREA
 - 13 TRAILING UNIT
 - 14 EXTERIOR
 - 15 OTHER
 - 16 NON-MOTORIST

- SAFETY EQUIPMENT
- 01 NONE USED
 - 02 SHOULDER BELT ONLY
 - 03 LAP BELT ONLY
 - 04 SHOULDER/LAP BELT
 - 05 CHILD SAFETY SEAT
 - 06 MC HELMET USED
 - 07 USE UNKNOWN
 - 08 NONE USED
 - 09 HELMET USED
 - 10 PROTECTIVE PADS
 - 11 REFLECTIVE CLOTHING
 - 12 LIGHTING
 - 13 OTHER
 - 14 UNKNOWN

- AIR BAG
- 1 NOT DEPLOYED
 - 2 DEPLOYED-FRONT
 - 3 DEPLOYED-SIDE
 - 4 DEPLOYED BOTH FRONT/SIDE
 - 5 NOT APPLICABLE
 - 6 UNKNOWN

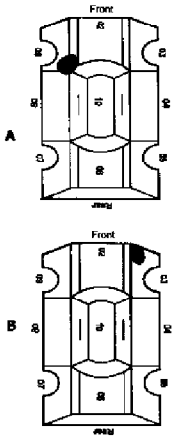
- AIR BAG SWITCH
- 1 NOT PRESENT
 - 2 IN ON POSITION
 - 3 IN OFF POSITION
 - 4 UNKNOWN

- EJECTION
- 1 NOT EJECTED
 - 2 TOTALLY EJECTED
 - 3 PARTIALLY EJECTED
 - 4 NOT APPLICABLE
 - 5 UNKNOWN

- TRAPPED
- 1 NOT TRAPPED
 - 2 EXTRICATED BY MECHANICAL MEANS
 - 3 FREED BY NON-MECHANICAL MEANS
 - 4 UNKNOWN

- INJURIES
- 1 NO INJURY
 - 2 POSSIBLE
 - 3 NON-INCAPACITATING
 - 4 INCAPACITATING
 - 5 FATAL INJURY
 - 6 UNKNOWN

SUPPLEMENT *
X IF YES

UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02_B</div>	DAMAGE AREA 	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">06_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01_B</div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">20₁</td> <td style="text-align: center;">20₁</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">39₂</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	A	B	20 ₁	20 ₁	2	39 ₂	3	3	4	4	POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>
A	B														
20 ₁	20 ₁														
2	39 ₂														
3	3														
4	4														
NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	MOST DAMAGED AREA <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">08_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">03_B</div>	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">06_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01_B</div>	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULTVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01_B</div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>										
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">07_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06_B</div>	POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">08_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">03_B</div>	MOTORIST 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULTVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	DIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">FROM TO</td> <td style="width:33%;">FROM TO</td> <td style="width:33%;">FROM TO</td> </tr> <tr> <td style="text-align: center;">4 5</td> <td style="text-align: center;">4 3</td> <td style="text-align: center;">4 3</td> </tr> </table>	FROM TO	FROM TO	FROM TO	4 5	4 3	4 3	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1 2</td> <td style="text-align: center;">1 2</td> </tr> </table>	A	B	1 2	1 2
FROM TO	FROM TO	FROM TO													
4 5	4 3	4 3													
A	B														
1 2	1 2														
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4_B</div>	VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">6_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>										
IN EMERGENCY RESPONSE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	SPEED DETECTED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">4_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">4_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div>										
DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2_B</div>	VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">4_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">4_A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1_B</div>	ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIMARY</td> <td style="width:50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">04</td> </tr> </table>	PRIMARY	SECONDARY	03	04						
PRIMARY	SECONDARY														
03	04														
01 NONE 02 YES 03 UNKNOWN	01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS* 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY										
				SUPPLEMENT # * LOCAL REPORT # * <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">09</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">-0058591</div>											

Narrative

Unit # 01 was eastbound on Oakwood approaching N. Brockway in the right lane of the 2 lane one way street. Unit # 02 was also eastbound on Oakwood in the left lane and slightly behind Unit # 01. Unit # 01 initiated a left turn to go north on N. Brockway from the right lane. Unit # 01 struck the right front of Unit # 02, forced Unit # 02 into the curb and both autos came to rest in the intersection.

MANNER OF COLLISION OR IMPACT

6

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIP, SAME DIRECTION
 8 SIDESWIP, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

WEATHER

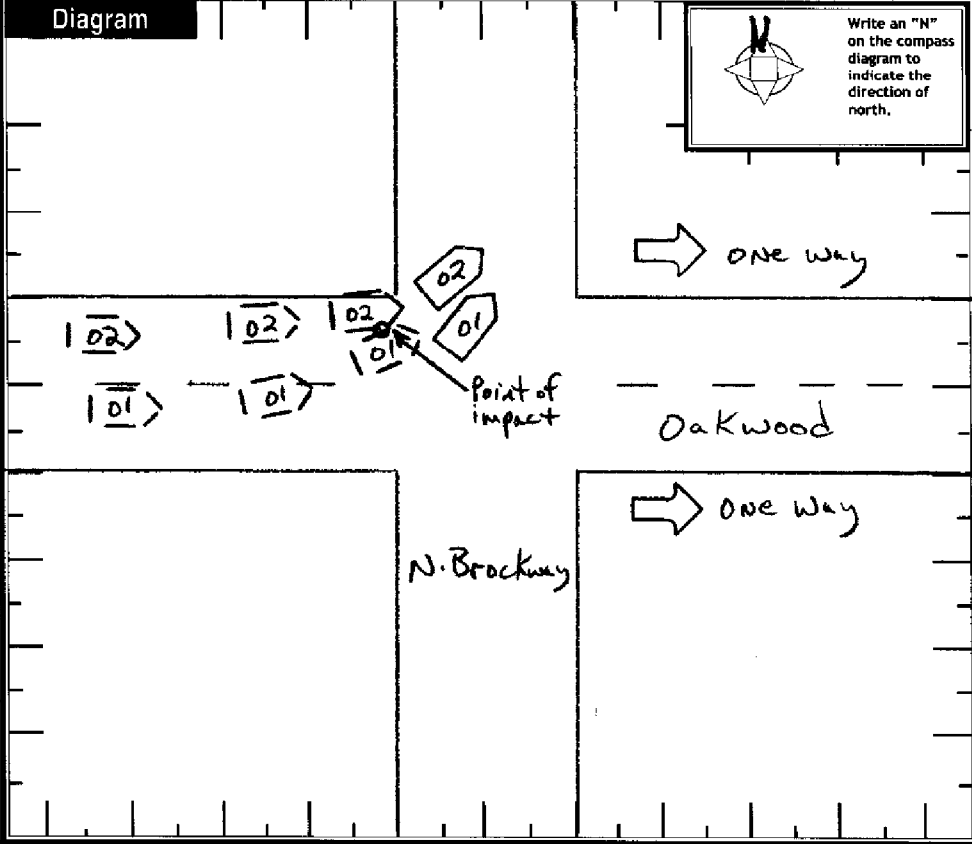
02

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY 4 SECONDARY

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN



Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

COMPANY (FROM SHIPPING PAPERS) _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY PHONE _____

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 01/30/2009 TIME REC CALL: 1743 DISPATCH: 1745 ARRIVED: 1755 CLEARED: 1850 OTHER: 160 TOTAL MINUTES: 227

OFFICER'S NAME: OFC. Joe Moran BADGE # : 1084 CHECKED BY: D/Sgt Davis DATE REPORT FILED: 01/31/2009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT 'X' IF YES: LOCAL REPORT # #: 09-005859

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1 -P (Rev. 11/99)

POLICE DISTRICT # -
 NAEPIC #
 REPORTING AGENCY #
 COUNTY #

E NAME (LAST, FIRST, MIDDLE) HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

TRANSPORTED BY: INJURED TAKEN TO:

F NAME (LAST, FIRST, MIDDLE) HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

TRANSPORTED BY: INJURED TAKEN TO:

06 SEATING POSITION

01 FRONT - LEFT (MC DRIVER)
 02 FRONT - MIDDLE
 03 FRONT - RIGHT
 04 SECOND - LEFT (MC PASS)
 05 SECOND - MIDDLE
 06 SECOND - RIGHT
 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)
 08 THIRD - MIDDLE
 09 THIRD - RIGHT
 10 SLEEPER SECTION OF CAR
 11 ENCLOSED CARGO AREA
 12 UNENCLOSED CARGO AREA
 13 TRAILING UNIT
 14 EXTERIOR
 15 OTHER
 16 Non-Motorist
 17 UNKNOWN

05 SAFETY EQUIPMENT

MOTORIST
 01 NONE USED
 02 SHOULDER BELT ONLY
 03 LAP BELT ONLY
 04 SHOULDER/LAP BELT
 05 CHILD SAFETY SEAT
 06 MC HELMET USED
 07 USE UNKNOWN
NON-MOTORIST
 08 NONE USED
 09 HELMET USED
 10 PROTECTIVE PADS
 11 REFLECTIVE CLOTHING
 12 LIGHTING
 13 OTHER
 14 UNKNOWN

5 AIR BAG

1 NOT DEPLOYED
 2 DEPLOYED-FRONT
 3 DEPLOYED-SIDE
 4 DEPLOYED BOTH FRONT/SIDE
 5 NOT APPLICABLE
 6 UNKNOWN

1/E AIR BAG SWITCH

1 NOT PRESENT
 2 IN ON POSITION
 3 IN OFF POSITION
 4 UNKNOWN

1/E EJECTION

1 NOT EJECTED
 2 TOTALLY EJECTED
 3 PARTIALLY EJECTED
 4 NOT APPLICABLE
 5 UNKNOWN

1 TRAPPED

1 NOT TRAPPED
 2 EXTRICATED BY MECHANICAL MEANS
 3 FREED BY NON-MECHANICAL MEANS
 4 UNKNOWN

1 INJURIES

1 NO INJURY
 2 POSSIBLE
 3 NON-INCAPACITATING
 4 INCAPACITATING
 5 FATAL INJURY
 6 UNKNOWN

BLANK FOR WITNESS

D/S... 01302009

SUPPLEMENT
X IF YES



LOCAL REPORT NUMBER 09-005859	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 01 D 30 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jeffrey T Miller PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ofc J. Moran OFFICER'S NAME AT Oakwood and N. Brockway LOCATION
 I WAS coming down oakwood in the LEFT LANE
 going towards millet Ave where I live. A Gray
 Ford F150 pickup was also coming down oakwood
 in the right lane and made a left turn from the right
 lane and hit the right front corner of my 03 Trail Blazer

ADDRESS OF WITNESS 135 Millet Yo. OH. 44509	PHONE 330-774-2410
SIGNATURE OF WITNESS X <u>Jeffrey T Miller</u>	OFFICER'S SIGNATURE X <u>Ofc J. Moran 1084</u>